

City of Colonial Heights
Department of Building Inspections
201 James Avenue
Colonial Heights, VA 23834



Connect:
Phone: (804) 520-9297
Fax: (804) 524-524-8755

COMMERCIAL BUILDING PERMIT APPLICATION

CASHIER	APPLICATION DATE	SITE PLAN #	PERMIT #													
JOB LOCATION		APT/SUITE #	TAX MAP PARCEL #													
MAGESTERIAL DISTRICT		SUBDIVISION														
ARCHITECT NAME, ADDRESS, CITY/STATE/ZIP			CLIENT ID	ARCHITECT PHONE #												
CONTRACTOR NAME, ADDRESS, CITY/STATE/ZIP			CONTRACTOR LIC #	CONTRACTOR PHONE #												
DEVELOPER NAME, ADDRESS, CITY/STATE/ZIP			CLIENT ID	DEVELOPER PHONE #												
OWNER NAME, ADDRESS, CITY/STATE/ZIP				OWNER PHONE #												
TENANT NAME		TENANT USE														
FINISHED FOOTAGE	UNFINISHED FOOTAGE	EST. TOTAL # OF UNITS	# OF ELEVATORS	OCCUPANCY LOAD												
			WORK DONE BY (CIRCLE ONE) OWNER OR CONTRACTOR													
STANDARD	EST. COST OF CONSTRUCTION	PERMIT FEE	STATE LEVY	TOTAL FEE												
				CHECK#												
				CASH												
WORK DESCRIPTION		# OF TENANT SPACES USED	BUILDING HEIGHT	FRONT SETBACK (FT)												
Issuance of this building permit shall not be held to permit or to be an approval of the violation of any provision of the city ordinances and codes or any state laws. I hereby acknowledge that I have read this application and know the same to be true and agree to comply with all city ordinances and state laws regulating building construction and use.		# OF STORIES	# OF MASONARY FIREPLACES	REAR SETBACK (FT)												
		# OF PREFAB FIREPLACES	BASEMENT - Y/N	LEFT SETBACK (FT)												
Signature																
Print name:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">M</td> <td style="width: 25%; text-align: center;">F</td> <td style="width: 25%; text-align: center;">HOT TUB - Y/N</td> <td style="width: 25%; text-align: center;">RIGHT SETBACK (FT)</td> </tr> <tr> <td style="text-align: center;">E</td> <td style="text-align: center;">H</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">A</td> <td></td> <td></td> </tr> </table>			M	F	HOT TUB - Y/N	RIGHT SETBACK (FT)	E	H			S	A		
M	F	HOT TUB - Y/N	RIGHT SETBACK (FT)													
E	H															
S	A															
OWNER AFFIDAVIT: I, _____, of (address) _____, affirm that I am the owner of the tract or parcel of land at the above location and this is my building permit application. I affirm that I am familiar with the prerequisites of Section 54.1-111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.		FOR OFFICE USE: CASHIER'S VALIDATION														
Affiant's Signature: _____ in the city or county of _____, Virginia, on the _____ of _____, 20____ in the presence of the undersigned witness. Witness' Signature: _____																